

Arnett HMO Summary of Benefits

CHOOSING A PRIMARY CARE PHYSICIAN. You must choose a Primary Care Physician from the Arnett HMO Provider Directory. Each member of your family may choose a different physician. Then, each time medical care is needed, you must see or contact the Primary Care Physician you have selected.

A Primary Care Physician can be:

- an internist
- a family practitioner
- an OB/GYN
- or a pediatrician, for children under 18

Members may change Primary Care Physicians by contacting our Member Services Department. Arnett HMO's plan covers routine doctor's office visits, vaccinations and screenings.

ACCESSING SPECIALTY CARE. To receive specialty care, you must first discuss your medical needs with your Primary Care Physician. He or she will help you coordinate your care with other Arnett HMO plan specialists.

As a member of Arnett HMO, you can choose from any of the specialists and medical facilities listed in the Arnett HMO Provider Directory.

If your Primary Care Physician determines that you require the services of an out-of-network specialist or facility, your physician must request approval for an out-of-network referral. All out-of-network referrals must be preauthorized by Arnett Health Plans.

ACCESSING URGENT AND EMERGENCY CARE. Arnett HMO covers urgent or emergency services worldwide. An emergency is any situation in which a Member, as a prudent layperson, feels sudden or immediate danger to life or limb. If you need urgent medical attention, but are not facing a dangerous or life-threatening situation, call your Primary Care Physician prior to receiving treatment.

ACCESSING HOSPITAL CARE. Charges for the following are covered by the Arnett HMO plan, provided the care is for a medically necessary service :

- inpatient or outpatient surgery
- room and board
- intensive and cardiac care
- and physician services

To receive the full benefit for inpatient services, you must:

- choose in-network providers and facilities
- be admitted to an in-network hospital
- and be admitted by your Primary Care Physician or other in-network specialist.

GETTING MORE INFORMATION. The following chart is a summary of benefits provided with the Arnett HMO plan. Please refer to your Member Certificate and Agreement along with any amendments or call Arnett's Member Services Department at 765/448-7440 or 888/448-7440 for further information on the conditions of coverage, definition of terms, covered benefits, exclusions and limitations.

Medical Benefits

PHYSICIAN OFFICE SERVICES

Primary Care Physician	\$5
Specialty Care Physician	\$10
Adult Preventive Care Examinations	\$5
Pediatric Well Care Examinations	\$5
Preventive Gynecological Examinations	\$5
Immunizations and Injections	No charge
Other Physician Services	No charge

MATERNITY AND OBSTETRICAL

Initial Visit for Pregnancy Testing	\$10
Prenatal Care, Delivery and Admission	No charge

HOSPITAL SERVICES

Hospital Inpatient, including Mental Health++	
Facility Charges	No charge
Physician Charges	No charge
Outpatient Surgery (which requires anesthesia)++	
Facility Charges	No charge
Physician Charges	No charge
Skilled Nursing Facility (90 day annual limit)	No charge

EMERGENCY SERVICES

Participating Urgent Care Center	\$10
Non-Participating Urgent Care	\$25
Participating Emergency Room (waived if admitted)	\$10
Non-Participating Emergency Room	\$25
Cast and dressings	No charge

REHABILITATION THERAPY

(Limited to 60 consecutive days inpatient/outpatient)	
Physical/Occupational Therapy++	No charge
Speech Therapy++	No charge

EYE EXAMS/HEARING TESTS

Diagnosis and Treatment of disease or injury	No charge
Annual Eye Exams (through age 17)	No charge

X-RAY, LAB, DIAGNOSTIC TESTS

At Hospital (excluding MRI and CAT scans)	No charge
MRI and CAT scans	No charge
In Physician's Office or Arnett Clinic	No charge
Radiation Therapy/Chemotherapy	No charge

OTHER SERVICES

Ambulance	No charge
Home Health Services++	No charge
(Limited to 60 consecutive days per episode)	
Durable Medical Equipment and Prosthetic Devices++	No charge
(\$10,000 annual limit)	

++prior plan approval required

SUBSTANCE ABUSE

Hospital Inpatient++	No Charge
Outpatient (20-visit limit/contract year)	\$20

MENTAL HEALTH

Inpatient	No charge
Outpatient (Non-Psychiatrist)	No charge
Outpatient (Psychiatrist)	\$10

FAMILY PLANNING

Fertility Counseling and Testing	20%
Vasectomy/Tubal Ligation	20%
IUD	20%

Annual Out-of-Pocket Maximums

In-Network	
Single Out-of-Pocket Maximum	\$1,000
Family Out-of-Pocket Maximums	\$2,000

Prescription Drug \$5/\$10/\$20

WHEN YOU NEED A PRESCRIPTION FILLED. Prescriptions must be dispensed by a participating pharmacy listed in the Arnett HMO Provider Directory. In order to receive this benefit you must present your Arnett HMO membership card at the time the prescription is filled. The participating pharmacy will then charge you the applicable copayment amount. There are some specific drugs that require prior authorization by Arnett HMO. Your ordering physician or the participating pharmacy may obtain this approval from the HMO. This plan also covers insulin and syringes used for insulin injections, even though insulin does not require a prescription.

SPECIFIC BENEFITS

(Prescriptions must be dispensed by a participating pharmacy.)

Generic Drugs (up to a one-month supply)	\$5 copayment
Formulary Brand Name Drugs (up to a one-month supply)**	\$10 copayment
Non-Formulary Drugs (up to a one-month supply)**	\$20 copayment
Contraceptive Pills (formulary or non-formulary)	\$5 copayment

**If a generic drug is available and the prescription is filled with a brand name drug, (formulary or non-formulary) member pays the difference in cost between the generic and brand name drug in addition to the copayment. Cost of a brand name prescription may vary according to changes in the retail market.

EXCLUSIONS:

- Drugs used in the treatment of infertility.
- Medications and devices used for erectile dysfunction.
- Take home drugs from a hospital.
- Weight loss, smoking cessation and drugs used for cosmetic purposes.
- Vitamins (including vitamins with flouride) and medications lawfully obtainable without a prescription order from a physician (over-the-counter drugs or over-the-counter equivalent products), except insulin.
- Prescription drugs for treatment of dental-related services.
- Drugs labeled "Caution – Limited by Federal Law to Investigational Use".
- Experimental drugs, which are those drugs not approved as safe and effective for their intended use by the U.S. Food and Drug Administration, even if the Enrollee is charged a fee for the drugs.
- Drugs which may be properly received without charge under local, State or Federal programs, including Worker's Compensation.
- Injectable drugs; syringes and needles for uses other than the injection of insulin.

Important Dependent Eligibility Information

In addition to the criteria outlined in Section II of your Member Certificate and Agreement (MCA), the following information applies to your health care plan.

FULL TIME STUDENTS

Provided your child continues to be considered a full time student as defined in Section II of your MCA he or she will be eligible for coverage until age 23. Coverage will terminate the end of his or her birth year.